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Subp. 3. Written quarterly accounting. Each patient or resident, or the patient's or resident's legal guardian or conservator, representative payee, or other person designated in writing by the patient or resident, shall be given a written quarterly accounting of the financial transactions made by or on behalf of the patient or resident.

MS s 144.56; 144A.02 to 144A.08

4655.4140 INDIVIDUAL WRITTEN RECORD.

An individual written record shall be maintained for each patient or resident which shall include the following items:

A. the date, amount, and source of funds deposited by or on behalf of a patient or resident;

B. the name of all individuals, other than the patient or resident, who have been authorized in writing by the patient or resident or the patient's or resident's legal guardian or conservator or representative payee to withdraw or expend funds from the patient's or resident's personal account; and

C. the date and the amount of all withdrawals from the patient's or resident's personal account.

MS s 144.56; 144A.02 to 144A.08

4655.4150 PERSONAL FUNDS.

Subpart 1. Account. Unless otherwise specified by law, the personal funds of any patient or resident in excess of \$150 shall be deposited in a demand account in a financial institution authorized to do business in Minnesota, the deposits which are federally insured, except that a facility that is operated by a county shall deposit such funds with the county treasurer. This account must be in a form which clearly indicates that the facility has only a fiduciary interest in the funds. Records shall be maintained which specify on whose behalf funds are deposited or withdrawn from this account.

Subp. 2. Interest on account. If a patient's or resident's personal funds are deposited in an interest bearing account, the accrued interest shall, unless otherwise specified by law, be prorated in accordance with the amounts attributable to each patient or resident and recorded on the patient's or resident's account.

MS s 144.56; 144A.02 to 144A.08

4655.4160 WITHDRAWAL OF FUNDS FROM THE ACCOUNT.

Upon the request of the patient or resident or the patient's or resident's legal guardian or conservator or representative payee, the nursing home or boarding care home shall return all or any part of the patient's or resident's funds given to the nursing home or boarding care home for safekeeping, including interest, if any, accrued from deposits. The nursing home or boarding care home shall develop a policy specifying the period of time during which funds can be withdrawn. This policy must ensure that the ability to withdraw funds is provided in accordance with the needs of the residents. This policy must also specify whether or not the nursing home or boarding care home will establish a procedure allowing patients or residents to obtain funds to meet unanticipated needs on days when withdrawal periods are not scheduled. The nursing home or boarding care home shall notify patients and residents of the policy governing the withdrawal of

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funds. Funds kept outside of the facility shall be returned within five business days.

MS s 144.56; 144A.02 to 144A.08

4655.4170 DISCHARGE OR DEATH OF PATIENT OR RESIDENT.

Subpart 1. Discharge of a patient or resident. Upon discharge of a patient or resident, unless the patient's or resident's bed is being held for anticipated readmission, all funds of that patient or resident shall be returned to the patient or resident or to the patient's or resident's legal guardian or conservator, representative payee or other person designated, in writing, by the patient or resident with a written accounting in exchange for a signed receipt. Funds which are maintained outside of the nursing home or boarding care home shall be returned within five business days.

Subp. 2. Death of a patient or resident. Upon the death of a patient or resident, the nursing home or boarding care home shall provide a complete accounting of that patient's or resident's funds.

MS s 144.56; 144A.02 to 144A.08

OTHER RECORDS

4655.4200 POLICY RECORDS.

All policies and procedures adopted by the home shall be placed on file and be made readily accessible to the personnel.

MS s 144.56; 144A.02 to 144A.08

4655.4300 UNUSUAL OCCURRENCES.

Any occurrence of food poisoning or reportable disease shall be reported immediately to the department.

MS s 144.56; 144A.02 to 144A.08

4655.4400 EMPLOYEES' PERSONNEL RECORDS.

A current personnel record shall be maintained for each employee and placed on file in a locked cabinet in the office of the administrator, person in charge, or the business office. These records shall be available to representatives of the department and shall contain the following information:

A. person's name, address, telephone number, age and birth date, sex, marital status, Minnesota license or registration number, if applicable; name, address, and telephone number of person to be called in case of emergency; social security number, and similar identifying data;

B. resume of individual's training, experience, and previous employment; recommendations and references from previous employers;

C. dates and results of any pre-employment physical examination and of any subsequent physical examinations (annual physical examinations are recommended);

D. date of employment in home, type of position currently held in home; hours of work, attendance, and salary records;

E. the record of all illnesses and accidents;

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F. a listing of all institutes or training courses attended;

G. at least annual evaluations concerning employee's work performance; and

H. date of resignation or discharge and reason for leaving.

MS s 144.56; 144A.02 to 144A.08

MEDICAL AND DENTAL SERVICES

4655.4600 CARE AND TREATMENT.

Subpart 1. Designation of physician by patient or resident. Each patient or resident or his legal guardian or the agency responsible for his care shall designate a licensed physician for the supervision of the care and treatment of the patient or resident during his stay in the home. This attending physician shall reside in the same or in a nearby community.

Subp. 2. Agreement with physician for emergency and advisory care. Each nursing home or boarding care home shall have an agreement with one or more licensed physicians to provide emergency services and to act in an advisory capacity.

Subp. 3. Posting of physicians names and phone numbers. A schedule, which lists the names, telephone numbers, and call days of the emergency physician(s) shall be posted in each nurses' or attendants' station.

MS s 144.56; 144A.02 to 144A.08

4655.4700 PHYSICIANS' EXAMINATIONS AND ORDERS.

Subpart 1. Physical examination at admission. Each patient or resident shall have an admission medical history and complete physical examination performed and recorded by a physician within five days prior to or within 72 hours after admission. The medical record shall include: the report of the admission history and physical examination; the admitting diagnosis and report of subsequent physical examinations; a report of a standard Mantoux tuberculin test or, if the Mantoux test is positive or contraindicated, a chest X ray within three months in advance of admission and as indicated thereafter; reports of appropriate laboratory examinations; general medical condition including disabilities and limitations; instructions relative to the patient's or resident's total program of care; written orders for all medications with stop dates, treatments, special diets, and for extent or restriction of activity; physician's orders and progress notes; and condition on discharge or transfer, or cause of death.

Subp. 2. Periodic physical examination requirements. Each nursing home patient shall be examined by a physician at least every six months and each boarding care home resident at least annually or more often if indicated by the clinical condition.

Subp. 3. Records of physical examinations. A progress note shall be recorded in the patient's or resident's record at the time of each examination.

Subp. 4. Temporary orders for new admissions. If orders for the immediate care of a patient or resident are not available at the time of admission, the emergency physician shall write temporary orders which are effective for a maximum of 72 hours.

MS s 144.56; 144A.02 to 144A.08

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4655.4600 DENTAL CARE.

Subpart 1. Services. Patients and residents shall be provided with dental services appropriate to their needs.

Subp. 2. Agreement with dentist for emergency care. Nursing homes and boarding care homes shall have a written agreement with a licensed dentist to provide emergency dental care when necessary.

Subp. 3. Posting of dentists' names and phone numbers. The name and address of the emergency dentist shall be posted at each nurses' or attendants' station.

Subp. 4. Dental records. All dental examinations and treatments shall be recorded in the patient's or resident's care record.

Subp. 5. Dentists' recommendations. Personnel in the home shall assist patients and residents in carrying out dentists' recommendations.

Subp. 6. Identification of dentures. A procedure shall be established for the accurate identification of patients' and residents' dentures.

MS s 144.56; 144A.02 to 144A.08

4655.4900 ADMISSIONS AND TELEPHONE ORDERS IN NURSING HOMES.

Subpart 1. Application. Subparts 2 and 3 apply to nursing homes only.

Subp. 2. Admissions. A patient shall be admitted to a nursing home only upon the recommendation of a physician. See part 4655.1500.

Subp. 3. Telephone orders. Telephone orders shall be immediately recorded in the patient's record by the person authorized by the home and shall be countersigned by the physician within seven days.

MS s 144.56; 144A.02 to 144A.08

STAFFING AND SERVICES

4655.5100 ADEQUATE STAFF.

Subpart 1. Amount of staff. Adequate staff shall be provided to meet the nursing and personal care needs and the maintenance necessary for the well-being of the patients and residents at all times.

Subp. 2. Requirements for staff. There shall be at least one responsible person awake, dressed, and on duty at all times. These persons shall be at least 21 years of age and capable of performing the required duties of evacuating the patients and residents.

Subp. 3. Identification of staff. Each employee and volunteer shall wear a badge which includes name and position.

MS s 144.56; 144A.02 to 144A.08

4655.5200 ACTIVITIES PROGRAM.

Subpart 1. General requirements. There shall be an organized social and recreational activities program in all

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nursing homes and boarding care homes which shall be designed to meet the normal needs of all patients and residents for occupation, diversion, and maintenance.

Subp. 2. Type of programs. The activities program shall create a normal living environment which is compatible with the needs and interests of the majority of patients and residents. This shall be integrated into the total care program.

Subp. 3. Patient and resident involvement. The patient or resident shall be encouraged to be involved in his own care through a purposeful activities program which allows him to function at his maximum physical, mental, social, and emotional capacity.

Subp. 4. Supervision of program. The activities program shall be supervised by a person employed on the basis of two-thirds hour per bed per week which is equal to 40 hours per week for 60 beds, who is trained and/or experienced in the supervision of such a program.

Subp. 5. Program directors. A certified occupational therapy assistant (COTA) is qualified to direct such a program. It is recommended that consultation be provided for the activities director by a registered occupational therapist or a therapeutic recreational specialist.

Subp. 6. Frequency of program activities. The activities program shall be regularly scheduled at least five days each week with the program posted one week in advance.

Subp. 7. Staff assistance with activities. A sufficient number of personnel shall be assigned to assist with the activities program on a regular basis.

Subp. 8. Place for activities; requirements. Appropriate space, equipment, materials, and storage areas shall be provided. This shall include recreational space and activities out-of-doors. A Handbook for Activities Supervisors is available from the department for use as a guide.

MS s 144.56; 144A.02 to 144A.08

4655.5300 SPIRITUAL NEEDS.

The home shall provide adequate facilities and arrange for personnel to meet the spiritual needs of the patients or residents.

MS s 144.56; 144A.02 to 144A.08

4655.5400 IN-SERVICE EDUCATION.

There shall be a continuing in-service educational program for all personnel with thorough job orientation for all new personnel in each nursing home and boarding care home.

In nursing homes having 90 beds or more it is recommended that one person other than the director of nursing service be responsible for coordination of all in-service education programs.

MS s 144.56; 144A.02 to 144A.08

4655.5600 NURSING STAFF.

Subpart 1. Application. Subpart 2 applies to nursing homes only.

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Subp. 2. Requirements for staff. The nursing home shall have on duty at all times a sufficient number of qualified nursing personnel which includes registered nurses, licensed practical nurses, nurse aides, and orderlies to meet the needs of the patients on all nurses' stations, on all floors, and in all buildings if more than one building is involved. This includes relief duty, weekends, and vacation replacements. On and after July 1, 1973, a minimum of two hours of nursing personnel per patient per 24 hours plus additional qualified nursing staff commensurate with the needs of the patients shall be provided.

The nursing staff shall be employed and used for nursing duties only. There shall be sufficient additional staff for housekeeping, dietary, laundry, and maintenance duties and these persons shall not be used to give nursing care.

MS s 144.56; 144A.02 to 144A.08

4655.5700 DIRECTOR OF NURSING SERVICE.

Subpart 1. Application. Subparts 2 to 5 apply to nursing homes only.

Subp. 2. Director's qualifications and duties. Each nursing home shall have a director of nursing service who is a registered nurse currently licensed in Minnesota.

Subp. 3. Requirement of full-time employment. The director of the nursing service shall be employed full-time, a minimum of 40 hours per week, during the day shift (between 7 a.m. and 7 p.m.) and devote full time to the nursing service of the facility.

Subp. 4. Assistant to director. A licensed nurse who serves as the assistant to the director of nursing service shall be designated and be responsible for the duties of the director in her absence and shall assist her in carrying out her responsibilities so that the functions of the director of nursing service are maintained seven days per week.

Subp. 5. Director's training. The director of nursing service shall be trained in rehabilitation nursing techniques and trained and/or experienced in areas such as nursing service administration, or psychiatric or geriatric nursing.

MS s 144.56; 144A.02 to 144A.08

4655.5800 RESPONSIBILITIES OF THE DIRECTOR OF THE NURSING SERVICE.

Subpart 1. Application. Subparts 2 and 3 apply to nursing homes only.

Subp. 2. Enumeration of responsibilities. The director of nursing service shall be responsible for:

A. The total nursing care of patients and the accuracy of the nursing care records.

B. Establishing procedures for general nursing care and for aseptic techniques; developing nursing policy and procedure manuals and written job descriptions for each level of nursing personnel. Written nursing procedure manuals shall be available at each nurses' station.

C. Planning and conducting written orientation programs for new nursing personnel, and continuing in-service education for all nursing home personnel, if there is no one designated who is responsible for all in-service education. In

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nursing homes having 90 beds or more it is recommended that one person other than the director of nursing service be responsible for coordination of all in-service education programs.

D. Recommending to the administrator the numbers and levels of nursing personnel to be employed.

E. Participating in recruitment and selection of nursing personnel.

F. Assigning, supervising, and evaluating the performance of all nursing personnel.

G. Participating in the selection of prospective patients in terms of nursing service needed and nursing competencies available.

H. Assuring that a patient care plan is established and implemented for each patient and that the plan is periodically reviewed and revised as necessary, but at least every 30 days. Also known as a nursing care plan; see part 4655.6000.

I. Coordinating nursing services for the patients in the home with other patient care services provided both within and outside the institution.

J. Participating in planning, decision making, and budgeting for nursing care.

K. Accompanying or assigning other qualified nursing personnel to accompany physicians when attending patients.

L. Recommending termination of employment of nursing personnel when necessary.

M. Participating in discharge or transfer planning for patients.

Subp. 3. Assignment of duties. No nursing personnel shall perform duties for which they have not had proper and sufficient training. Duties assigned to nursing personnel shall be consistent with their training, experience, and licensure.

MS s 144.56; 144A.02 to 144A.08

4655.5900 REHABILITATION NURSING CARE.

Subpart 1. Application. Subparts 2 and 3 apply to nursing homes only.

Subp. 2. Generally. Rehabilitation nursing care:

A. There shall be an active program of rehabilitation nursing care directed toward assisting each patient to achieve and maintain his highest level of self-care and independence as recorded in the patient care plan, also known as a nursing care plan. Continuous efforts shall be made to encourage ambulation and purposeful activities.

B. A supportive program which is directed toward prevention of deformities through positioning and range of motion shall be implemented and maintained.

C. There shall be in effect a continuous program of bowel and bladder training to reduce incontinence and the unnecessary use of catheters.

D. Rehabilitation nursing care initiated in a hospital shall be continued immediately upon admission to the nursing home in accordance with the physician's orders.

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Subp. 3. Specific procedures. All nursing personnel shall be taught rehabilitation nursing procedures including care of the skin and shall practice them in their daily care of patients. These measures include:

A. maintaining natural body alignment and proper positioning of bedfast patients;

B. encouraging and assisting bedfast patients to change positions at least every two hours, day and night;

C. making every effort to keep patients active and out of bed for reasonable periods of time, except when contraindicated by physicians' orders;

D. maintaining a bowel and bladder training program;

E. encouraging patients to achieve independence in activities of daily living by teaching self-care (i.e., feeding, dressing, grooming, toilet activities), transfer, and ambulation; and

F. assisting patients to adjust to their disabilities, to use their prosthetic devices, and to redirect their interest if necessary.

A consultant registered nurse trained in rehabilitation nursing or a physical or occupational therapist can provide knowledge and teaching skills in the areas of rehabilitation nursing, adaptive equipment, and self-care. Manuals are available from the American Rehabilitation Foundation, 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

MS s 144.56; 144A.02 to 144A.08

4655.6000 PATIENT CARE PLAN.

Subpart 1. Application. Subpart 2 applies to nursing homes only.

Subp. 2. Contents of plan. A written patient care plan shall be developed and revised for each patient. This is a personalized plan of daily care based on the nature of the illness, treatment prescribed, long- and short-term goals which include:

A. the physician's orders for medications, treatments, diet, and other therapy;

B. the types of care and consultation services needed; how they can best be accomplished; how the plan meets the needs and interests of the patient; what methods are most successful; and the modifications necessary to ensure best results.

Patient care plans shall be utilized by all personnel involved in the care of the patient and shall be reviewed periodically but at least every 30 days and revised as needed. Staff conferences shall be conducted regularly to keep the plans current and such conferences shall involve all personnel engaged in the care of the patient.

MS s 144.56; 144A.02 to 144A.08

4655.6100 ASSISTANCE WITH EATING.

Subpart 1. Application. Subpart 2 applies to nursing homes only.

Subp. 2. Requirements of nursing personnel. Nursing

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personnel shall determine that patients are served diets as prescribed. Patients needing help in eating shall be promptly assisted upon receipt of the meals and such assistance shall be unhurried. Adaptive self-help devices shall be provided to contribute to the patient's independence in eating. Food and fluid intake of patients shall be observed and deviations from normal reported to the charge nurse. Persistent unresolved problems shall be reported to the physician.

MS s 144.56; 144A.02 to 144A.08

4655.6200 EDUCATIONAL OPPORTUNITIES.

Subpart 1. Application. Subparts 2 to 4 apply to nursing homes only.

Subp. 2. Requirements generally. The nursing home shall provide opportunities for personnel to attend courses in rehabilitation nursing and other educational programs.

Subp. 3. Demonstrations and practice. Nursing home personnel shall be trained in nursing skills including demonstrations and practice with supervision as needed and prior to assignment to patient care responsibilities.

Subp. 4. Reference materials. Textbooks, periodicals, dictionaries, and other reference materials should be available and kept current.

MS s 144.56; 144A.02 to 144A.08

CARE OF PATIENTS AND RESIDENTS

4655.6400 ADEQUATE CARE.

Subpart 1. Care in general. Each patient or resident shall receive nursing care or personal and custodial care and supervision based on individual needs. Patients and residents shall be encouraged to be active, to develop techniques for self-help, and to develop hobbies and interests. Nursing home patients shall be up and out of bed as much as possible unless the attending physician states in writing on the patient's medical record that he must remain in bed.

Subp. 2. Criteria for determining adequate care. Criteria for determining adequate and proper care shall include:

A. Evidence of adequate care and kind and considerate treatment at all times. Privacy shall be respected and safeguarded.

B. Clean skin and freedom from offensive odors. A minimum of a complete tub bath or shower once a week shall be provided for all ambulatory patients and for all residents with adequate assistance or supervision as needed.

C. A minimum of monthly shampoos and assistance with daily hair grooming as needed.

D. Assistance with or supervision of shaving of men patients or residents as necessary to keep them clean and well-groomed.

E. Assistance as needed with oral hygiene to keep the mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.

F. Proper care and attention to hands and feet. Fingernails and toenails shall be kept clean and trimmed.

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G. Clean linen. Bed linen shall be changed weekly, or more often as needed. Beds shall be made daily and straightened as necessary.

H. Clean clothing and a neat appearance. Patients and residents shall be dressed during the day whenever possible.

MS s 144.56; 144A.02 to 144A.08

4655.6500 SAFETY PROGRAM.

Subpart 1. Written plan. Every home shall have an organized safety program in accordance with a written plan and such shall be included in the orientation and in-service training programs of all employees and volunteers to assure safety to patients and residents at all times. In addition to fire safety, such precautions shall include the provision of safety features as outlined in parts 4660.6000 to 4660.7600.

Subp. 2. Safety equipment requirements. All attached equipment shall be solidly anchored to avoid accidents.

MS s 144.56; 144A.02 to 144A.08

4655.6600 USE OF RESTRAINTS TO MANAGE DIFFICULT BEHAVIOR.

Disturbed mental patients shall not be received or retained in a nursing home or boarding care home. If a patient or resident becomes suddenly disturbed or difficult behavior creates a problem of management, the person in charge of the home shall take temporary, emergency measures to protect such person and other persons in the home and the physician shall be called immediately. If a restraint is needed, this may be applied only upon the physician's written order. A restraint is any device which restricts the patient's normal movements. In instituting such temporary protective measures, a special attendant shall be placed on duty on the floor or in the section of the building in which such patient or resident is restrained. No form of restraint may be used or applied in such manner as to cause injury to the patient or resident. No locked restraints may be used. No door to a patient's or resident's room may be locked in a manner which will not permit immediate opening in case of emergency. A full record of the use of restraints or seclusion shall be maintained in the patient's or resident's medical record. If the patient or resident does not respond to the treatment prescribed within a period of two days, he shall be transferred to suitable facilities.

MS s 144.56; 144A.02 to 144A.08

4655.6700 ACUTE ILLNESS, SERIOUS ACCIDENT, OR DEATH.

In case of acute illness or serious accident, the home shall immediately notify the physician and the family or legal guardian. Apparent deaths shall be reported immediately to the attending physician.

MS s 144.56; 144A.02 to 144A.08

4655.6800 PATIENT CARE.

This part applies to nursing homes only. Adequate patient care shall include:

A. A complete bath at least every other day and more often as indicated for patients confined to bed. Incontinent patients shall be checked at least every two hours and shall have partial baths and clean linens promptly each time the bed

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